

TOWN OF LOS GATOS CLERK DEPARTMENT 110 E. MAIN STREET, LOS GATOS, CA. 95030 408-354-6834

APPLICATION FOR RESIDENTIAL PARKING PERMIT

Please read the following information before completing this application. List all automobile licenses accurately. Present identification, completed application form and VERIFICATION OF RESIDENCY FORM, if you are a tenant. Mail or bring to the Town of Los Gatos Clerk Department to purchase your Residential Parking Permit(s).

Please print clearly			
Date:, 20	06 Permit Va	lid from to	Own Rent
Property Address:		Zip:	Apt/Unit #:
Property Owner:			APN://
Applicant(s) Name		Home	e Phone:
1. Last:	First:	Work	Phone:
2. Last:			il:
VEHICLES REGISTERED	TO RESIDENCE ADDRES	\$\$ (\$35 annual fee for each permit)	FOR OFFICE USE ONLY
1. PRIMARY VEHICLE	1.GUEST PASS #	2. GUEST PASS #	1. Permit #
Vehicle Make & Model:	:VIN#		Amount Paid \$
Year:	Color:	License #:	
2. VEHICLE			2. Permit #
Vehicle Make & Model:		VIN #	Amount Paid \$
Year:	Color:	License #:	
3. VEHICLE			3. Permit #
Vehicle Make & Model: _		VIN#	Amount Paid \$
Year:	Color:	License #:	
4. VEHICLE			4. Permit #
Vehicle Make & Model:		VIN#	Amount Paid \$
Year:	Color:	License #:	Total Paid \$
ddress and that the vehicle(s)	listed are registered to this	g is true and correct as to the facts contained address with the state of California, Departmerstand the POLICIES AND PROCEDURES of	nent of Motor Vehicles. I also certify I have re
Signature of Applicant			 Date